

**ICF/MR/DD  
(Intermediate Care Facility/Mental Retardation/Developmentally Disabled  
Services)**

**Provider Type 11**

**907 KAR 1:022**

**907 KAR 1:025**

**Information about the program:**

- All ICF/MR providers must contact the Office of Inspector General (OIG) for licensing and survey.
- DMS will not assign a provider number until survey is received from OIG.
- The facilities administrator or director must sign all forms.
- Any changes must be directed to OIG immediately.
- Provider must obtain a certificate of need.
- Provider must have “bricks and mortar”.
- Out-of-state providers may not enroll in this program.
- Provider can only be an entity - NO INDIVIDUALS

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- License to operate (covering dates of service requested on MAP-811)
- W-9
- If provider is in a hospital setting must also submit the hospital's JCAHO accreditation.
- NPI and Taxonomy Verification

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602